

## **SIM Steering Committee Meeting**

**Thursday, September 10, 2015 - 3:00 – 5:00 PM**

### **West Virginia Department of Health and Human Resources Charleston**

#### Members in Attendance:

Karen L. Bowling, Sharon Carte, Sue Johnson-Phillippe (Phone-In), Dr. Rahul Gupta, Cynthia Beane, Fred Earley, Dr. Adam Breinig, Ted Cheatham, Terri Giles, Brandon Hatfield for Joseph M. Letnaunchyn

#### Members Absent:

Mike Riley, Dr. James Becker

#### Project Management Team Attendees

Dr. Jeffrey Coben, Nancy Sullivan, Jeremiah Samples, Tom Gilpin, Joshua Austin, Courtney Newhouse

#### Advisory Board Attendees

Allen Marino and Rene Sobolewski

Secretary Bowling called the meeting to order by welcoming and thanking everyone for attending. Brandon Hatfield introduced himself as the responsible party for Joseph M. Letnaunchyn for the meeting.

Tom Gilpin, SIM Project Manager, began the meeting giving a brief recap on last meeting and the planned agenda for the day. He began with Workgroup activities from the July and August meetings. Mr. Gilpin outlined Meeting Themes and Exercises for all five workgroups (Better Health, Better Care, Better Value, HIT, and Workforce Development) beginning with the July Meetings then moving to the August Meetings. During his overview, Mr. Gilpin, also highlighted Workgroup Consensus regarding High and Low scores resulting from the post-meeting Qualtrics surveys sent out to all workgroups.

Several themes emerged from the July and August workgroups and were mentioned in the meeting by Mr. Gilpin: West Virginia needs to focus on a whole-person orientation to health care and that focus on a “health model” instead of a “medical model” is preferred.

Joshua Austin, SIM Project Coordinator, added clarification to several interesting results of the survey. First, a few questions in the Better Care and Better Value were worded in a confusing manner and as a result generated lower than expected scores. Also, in the Better Value survey, the metrics question, that did not meet our consensus standard, is a necessary action item for SIM deliverables and will be addressed.

The increase in the tobacco tax was also identified as reoccurring across all workgroups. The Steering Committee addressed the issue by agreeing that there are other, more feasible strategies that the SC/Workgroups can actually do address the problem, and that we will have less success if the SIM Plan includes numerous legislative pieces regarding tobacco tax. The Committee asked that we identify other ideas besides an increase in the tobacco tax.

Allen Marino, from the Advisory Board, was introduced to present an overview of Regional Care Coordination Models from other SIM states, Colorado, North Carolina, and Minnesota. Allen began with Key Design Elements of Regional Care Models which included: Breadth of Vision; Local

Leadership Structure; Delivery System Integration; Payment Reform; State Accountability Programs; and Enhanced Funding for Non-Healthcare Determinants.

Mr. Marino continued his presentation with an analysis of Colorado's Accountable Care Collaborative, specifically detailing the Core Components and Payment Reform aspects of their plan. North Carolina was examined and presented next, which included an overview of Community Care of North Carolina and a more in-depth look into Development and Support and Example Initiatives. Mr. Marino discussed Minnesota's Accountable Communities for Health last illustrating Phases 1 to 3 of the plan.

After concluding his presentation Mr. Marino welcomed any questions and discussion from the Committee. Several topics emerged from discussion and were agreed upon by the Committee:

- There needs to be a level-setting for a glossary of terms – especially for care coordination terms to keep everyone on the same page.
- We should not narrowly define care coordinator; instead set a list of goals that we would want accomplished with these individuals - Use everyone up to their expertise.

Dr. Coben closed the meeting by posing a few questions. Specifically, are the Workgroup activities moving us in the right direction, and at the right pace?

Dr. Coben noted the following themes coming from the July and August Workgroups, and that future meetings would continue the themes in a more deliberative manner:

- **Must include care coordination/coordinators;**
- **Must be an integration of behavioral health and physical health;**
- **Must be alignment of provider and payor quality measures;**
- **Must include telehealth/telemedicine; and**
- **HIT must be a backbone to aid to this model design and its deployment.**

#### Next Steps/Action Items

- Next Meeting: Monday October 5<sup>th</sup> from 3:00 – 5:00 PM Charleston.
- Stay the course with the project as it is now, and come back to discuss the no-cost extension at a later time.